

**ANSWERS TO BIDDERS' QUESTIONS**  
**RFP NUMBER 03-73181-000**

<b>Question #</b>	<b>Reference Page #</b>	<b>Section</b>	<b>Question</b>	<b>Answer</b>
1	General		<p><i>1)) Is there an incumbent contractor currently performing this work? 2) If so, what is the name of the organization?</i></p> <p><i>3) How long has the incumbent served as a contractor for the Department?</i></p>	<p>1) To date, DMH has not contracted out to perform this work. Therefore, DMH does not have a current incumbent contractor. Consultation and technical assistance regarding Therapeutic Behavioral Services as similar to that presented in RFP 03-7381-000 has been provided by the 2) California Institute for Mental Health Services (CIMH) under their contract with a local Mental Health Plan.</p>
2	General		<p><i>1) Will the incumbent's current contract term overlap with the new vendor's contract term?</i></p> <p><i>2) Does the incumbent have other contracts with the Department of Mental Health? 3) If so, how many and of what nature?</i></p>	<p>1) DMH does not have a current incumbent contractor.</p>
3	General		<p><i>1) What is the Department's level of satisfaction with the current vendor? 2) What qualities does the Department seek in a new contractor?</i></p>	<p>1) DMH does not have a current incumbent contractor. 2) The qualifications and expectations for satisfactorily completing the tasks describe in the RFP are fully explained in the RFP. (Page 5 B Minimum Qualifications for Proposers and page 7 Work Plan Requirements)</p>

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4	General		It is our understanding that previous proposals submitted to the Department for the above mentioned RFP were denied. <i>1) Based on the Department's denial of these previous bids, are there any specific areas of concern that MAXIMUS should consider in preparation of a proposal to the Department?</i>	1. All the rating criteria should be reviewed very carefully prior to submission of a proposal to ensure that a complete response has been included for all required components.
5	3	A, Background	<i>1) Specifically, how has TBS been implemented since Judgment and Permanent Injunction was entered May 11, 2001? 2) What specific tasks has the incumbent contractor accomplished?</i>	1) DMH believes that sufficient background and status to date on the implementation of TBS has been provided in the RFP (Page 3-5) Background) and that the proposer should demonstrate their knowledge and understanding of Emily Q vs. Bonta and of TBS concepts, design and delivery system in the Work plan. (Page 7 I and II Work Plan Requirements)  2) DMH does not have a current incumbent contractor.
6	3	A	1) The priority for the first year of the contract is clearly stated. <i>As the term of the contract is 35 months, could the Department elaborate on possible priorities for subsequent years?</i>	1) As stated in the RFP, (page 3 A Purpose and Description of Services) priorities for subsequent years will be decided between DMH and the contractor. The work plan should include the proposer's recommendations for tasks for subsequent FYs. (Page 7, Work Plan Requirements

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7	4-5	A, MQs for mental health practitioners	<i>1) What organizations are involved in developing and implementing Phase I and II tasks (other than the vendor sought through the RFP), including Phase I tasks that have already been completed? 2) In other words, who has already delivered the six face-to-face regional trainings and 20 video conferencing trainings?</i>	1) A partial list would include: the California Institute for Mental Health Services, (CIMH) the California Mental Health Director Association (CMHDA), DMH, various family and consumer member representatives and representatives from provider organizations.  2) CIMH delivered the six face-to-face regional trainings and 20 video conferencing trainings.
8	4-5  6	A, MQs for mental health practitioners  C, 4, III, A	The final step in Phase I is to complete a self study package for distribution to all MHPs consisting of a professionally produced videotape and CD of the five hour training, a written curriculum and a certification process for all attendees. 1) <i>As the work plan outline calls for delivery of the remainder of Phase I – could the Department provide the specific tasks the vendor is expected to complete? (i.e. who is completing the self study package?)</i>	1) The vendor will be expected to finish Phase I of the training plan. This may include completing the self-study module and delivery of such to the MHP.
9	5	A, MQs for mental health practitioners	<i>1) Who are the stakeholders reviewing the drafted curriculum?</i>	1) Stakeholders include representatives of the CMHDA, representatives of client and family members and provider organizations.
10	5	A, MQs for mental health practitioners	<i>1) Is the curriculum referenced in Phase I the same as the curriculum referenced in Phase II?</i>	1) No, although some overlap is expected.

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11	7	C, 4, III, B, 4	<i>1) Is the contractor responsible for designing modalities to be used for Phase II training and implementing the training? 2) Is web-based training a preferred training modality and/or required by the Department?</i>	<p>1) As stated in the RFP (page 7 4 Work Plan Requirements III B), the proposer should include strategies to complete design and delivery of phase II including statewide access to training material and assure access to the training to direct TBS providers</p> <p>2) Preference for web-based training is dependent upon the product and distribution plan. It is not required by DMH.</p>
12	8	C, 4, III, C	Task C for Component 1 asks the vendor to develop material for informing mental health practitioners about how they might go about contracting with an MHP to receive Medi-Cal EPSDT reimbursement for supplemental specialty mental health services. 1) <i>Will the vendor be responsible for the cost of material development?</i> 2) <i>Will the informing materials be delivered to health professionals that are certified and have the potential to be certified?</i>	<p>1) The vendor will be responsible for the cost of material development related to this RFP.</p> <p>2) As specified in the RFP (Page 8 4 III C Work Plan Requirements) Strategies for providing information to health care professionals should be outlined in the proposal submission.</p>

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13	8	C, 4, III, D, 1	<p>MAXIMUS understands the significance of providing quality and effective TBS services to youth with serious emotional problems while controlling the cost of more acute level of care.</p> <p>1) <i>With currently \$100,000 allocated per year for this project, and the inclusion of case consultations as part of the scope of work, could the Department define its expectations for case consultations?</i> 2) <i>Given the extensive scope and importance of this work, does the Department foresee additional funds allocated to this project in future years?</i></p>	<p>1) To date case consultations have consisted of informal discussions at an MHP's request of specific cases with individual skilled in various aspects of TBS</p> <p>2) It is not possible to predict the level of activity re case consultations in the future.</p>
14	8	C, 4, III, D, 1	<p>1) <i>Could the Department provide data on the volume of MHPs so that the vendor can appropriately forecast how to maintain availability during regular business hours to discuss the status of TBS implementation and offer assistance as needed?</i> 2) <i>Is the vendor expected to develop informational materials related to this task?</i> 3) <i>Is the vendor expected to have face-to-face contact, phone calls and web-based assistance available to MHPs?</i></p>	<p>1) There are 56 MHPs in California.</p> <p>2,3) DMH believes expectations for these tasks are adequately addressed in the RFP including the section entitled "Ongoing Training and Technical Assistance" (Page 8, 4 III D).</p>
15	8	C, 4, IV, A, 1	<p>The vendor is expected to identify strategies to identify capacity and access patterns for MHPs on a regularly scheduled basis. 1) <i>The "capacity and access patterns" is in reference to TBS provider or recipient, or both?</i></p>	<p>1) Both</p>

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16	8	C, 4, IV, B	The vendor is expected to recommend and implement strategies for complying with stipulations in Emily Q. vs. Bonta to provide information to plaintiff's attorney on a quarterly basis. 1) <i>The Department expects the vendor to exchange information with the plaintiff's attorney rather than the State?</i> 2) <i>Who is the plaintiff's attorney?</i>	1) As stated on page 5 of the RFP in the section entitled "Monitoring capacity and access" DMH is responsible for compliance with the lawsuit, which includes providing certain data to plaintiff's attorneys. The vendor expected to recommend and implement strategies to assist DMH in this task.  2) Knowledge of the identity of the plaintiff's attorneys could be considered a component for providing a satisfactory response to the RFP; therefore DMH will not answer this question.
17	8	C, 4, IV, B, 1	<i>1) Is the following information—notices of initiation and continuation of TBS and denials of provider requests for authorization of TBS—compiled into a quarterly report for the attorney? If so, by whom?</i>	1) Yes. It is currently complied by DMH
18	9	C, 4, IV, B, 2	The plaintiff's attorney must also receive copies of certifications when MHPs have determined that TBS is inappropriate and that a beneficiary must be placed in a higher level of care. 1) <i>Could the Department please define certifications in the context of the requirement above?</i> 2) <i>Who is responsible for collecting these certifications?</i> 3) <i>Who are the certifications collected from and delivered to?</i>	1) DMH believes that the certifications in question are adequately explained in the RFP (see page 9 C 4 IV B 2).  2,3) Currently certifications are provided to DMH by the MHPS on a flow basis. DMH reviews, collates and provides them to plaintiff's attorneys on a quarterly basis.

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19	9	C, 4, IV, B, 3	Additionally, the plaintiff's attorney must receive lists of TBS providers obtained from MHPs. 1) <i>Where do the MHPs obtain their list of providers?</i>	1) MHPs generate lists of providers who deliver TBS under contract or other arrangement with the MHP. Currently, they provide those lists to DMH on a quarterly basis.
20		Attachment 5	For each year, a maximum of \$50,000 may be allocated for activities associated with TBS Provider Minimum Qualifications, and a maximum of \$50,000 may be allocated for activities associated with capacity for and access to TBS. 1) <i>Are the funds for this project in the current proposed budget?</i> 2) <i>What is the likelihood that these funds may be reduced or withdrawn from the budget?</i>	1) The funds are in the current proposed budget.  2) Results of any future budget negotiations cannot be predicted.
21	General		<i>1) Could the Department please define the system set-up to allow exchange of information between the contractor and the Department?</i>	1) A point person has been identified by DMH who will be the primary contact for exchange of all information between the contractor and DMH.
22	General		<i>1) Given the short time frame between submitting questions for Department review (7/17) and submitting a proposal (7/31), would the Department consider granting an extension for submission of proposals by interested vendors?</i>	1) No. DMH considers that an adequate amount of time was provided for submission of proposals. The RFP was available to bidders on July 1 and the submission date for proposals is July 31.